PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

| annioniale. All infiner | form should be used to correspondence including the low or directed of | nor the | ratent advance o | JE FEE and PUBLIC | CATI | ngintengnee teec v | mil he | mailed to the current | | sandanaa addenaa aa | |
|---|--|--------------------------|--|---|-------------|---|-------------------|--|----------------|--|--|
| CURRENT CORRESPOND 4372 ARENT FOX 1050 CONNEC | IPE | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | | |
| SUITE 400 WASHINGTON | | | (Depositor's name) | | | | | | | | |
| | | | THAP | EMASSES STATE | | | | A.W. | | (Signature) | |
| APPLICATION NO. | NO. FILING DATE | | | FIRST NAMED INVEN | ED INVENTOR | | | RNEY DOCKET NO. | CON | CONFIRMATION NO. | |
| 10/797,009 | 10/797,009 03/11/2004 LE OF INVENTION: HOMEOPATHIC FORMULATIONS US | | | Lee R. Dreyer | | | 025803-00003 3896 | | | | |
| TITLE OF INVENTION | I: HOMEOPATHIC FOR | RMULA | TIONS USEFUL | FOR TREATING PA | IN A | ND/OR INFLAM | MATIC | N | | | |
| | | | | | ~ | • • • | | • • • | - | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | | PUBLICATION FEE DUE | | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | YES | \$700 | | \$300 | | \$0 | | \$1000 | - | 05/01/2007 | |
| EXAMINER | | | ART UNIT | CLASS-SUBCLASS | | as./33/209 | 7 CGS | ED2 63899962 10 | 797 659 | I | |
| FLOOD, MICHELE C | | | 1655 424-725000 | | | S 05/02/2007 MARMED2 08000062 10/9/609 700.00 09 | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | | 2. For printing on the patent front page; list? SUGHRUE MION, PLLC | | | | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | registered attorney or agent) and the names of up to | | | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | а то в | E PRINTED ON T | THE PATENT (print o | r typ | e) | | | **** | | |
| PLEASE NOTE: Uni | less an assignee is ident th in 37 CFR 3.11. Comp | ified be | low, no assignee of this form is NO | data will appear on the | he pa | itent. If an assign | ee is id | entified below, the d | ocumen | t has been filed for | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docum recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | | | |
| Please check the appropr | iate assignee category or | catego | ries (will not be pr | inted on the patent) : | | Individual | orporati | on or other private gro | oup enti | ty Government | |
| 4a. The following fee(s) are submitted: Substitute Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is attached for the NOA Fees payment. Please Charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. ficiency, or credit any n extra copy of this form). | | | | | | | |
| 5. Change in Entity Sta | • | | , | | | | | | | | |
| NOTE: The Issue Fee an | s SMALL ENTITY statu d Publication Fee (if requ | uired) v | vill not be accepted | b. Applicant is no | | | | | | | |
| interest as snown by the | records of the United Sta | tes Pate | REG. No | Office. | | Ma | .) | 7007 | | | |
| Authorized Signature Typed or printed name Keiko K. Takagi | | | agi | | | Date N VO | [.] [0. | 47, 12 | 1 | | |
| This collection of inform | nation is required by 37 C tiality is governed by 35 d application form to the | FR 1.3 U.S.C. USPT | 11. The information 122 and 37 CFR D. Time will vary | on is required to obtain 1.14. This collection is depending upon the i | or resti | etain a benefit by t | he nuhli | ic which is to file (and to complete, including on the amount of tir | l by the | USPTO to process) ring, preparing, and require to complete | |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.